PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

LINC 3030 CIP/RE

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN										
_			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY									
TOTAL CLAIMS			P					RATE	FEE]	RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	385.00	OR	BASIC FEE	770.00									
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=										
INDEPENDENT CLAIMS			/ minus 3 =		* /			X43=	<u></u>	OR	X86=	-									
Мι	ILTIPLE DEPEN	RESENT	ESENT				+145=		OR	+290=											
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in o	column 2		TOTAL	385	OR	TOTAL										
CLAIMS AS AMENDED - PART II									70-		OTHER	THAN									
		(Column 1)	(Column 2)			(Column 3)	_ 5	SMALL ENTITY			SMALL	ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI . TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
AME	Independent	*	Minus	***	CL AILA	=		X43=		OR	X86=										
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=										
•								TOTAL		י ו	TOTAL										
(Column 1) (Column 2) (Column 3)								DIT. FEE L		[· · · /	ADDIT. FEE										
		CLAIMS		HIGH	EST	(Column 3)			ADDI-			ADDI-									
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA	f	RATE	TIONAL FEE		RATE	TIONAL									
AMENDMENT B	Total	*	Minus	**		=	>	X\$ 9=	·	OR	X\$18=										
	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=										
								TOTAL		OR	TOTAL										
								OIT. FEE L		UN ,	ADDIT. FEE										
	(Column 1) (Column 1) (Column 1) (Column 1)					(Column 3)															
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=										
	Independent	*	Minus	***		=	, ×	(43=		OR	X86=										
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			145=		- 1	+290=										
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [
***	f the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less tha	n 3, enter "3."		IT. FEE L	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												